

Medicaid Eligibility Handbook
Worksheet Section

DEPENDENT CARE WORKSHEET

Primary Person Name		Social Security Number	
Payment Month and Year			
Section I – Dependent Information			
1. Dependent Names			
2. Dependent Ages			
3. Dependent Care Limits	\$	\$	\$
4. Payor Names			
5. Amount Paid	\$	\$	\$
6. Lesser of Lines 3 & 5			
Section II – Deductions			
Maximum Dependent Care Deduction (from all lines)		\$	
Minus Deduction		-	
Equal Remaining Deduction		=	
Minus Deduction		-	
Equal Remaining Deduction		=	
Minus Deduction		-	
Equal Remaining Deduction		=	
Section III			
Payor			
Net Earned Income (earnings minus \$90)	\$	\$	\$
Minus Deduction	-	-	-
Equal Remaining Net Income	=	=	=
Minus Deduction	-	-	-
Equal Remaining Net Income	=	=	=